



**ANNAPOLIS DEPARTMENT OF TRANSPORTATION
TAXICAB DRIVER'S APPLICATION**

(Application Fee - Non-Refundable)

Licensing Year: July 1, 2002 - June 30, 2003

IMPORTANT NOTICE

False or incomplete responses to any of the following, constitutes perjury and will result in refusal of license or, if granted, revocation of same. All application questions must be answered, if more space is needed, use reverse of form and identify answers by heading or number. Please print in ink or use a typewriter. If question does not apply, put "N/A".

Name _____ Phone No. _____									
Present Mailing Address _____									
Driver's License # _____			Expiration Date _____			SS# _____			
Date of Birth ____/____/____	Weight _____	Height _____	Race _____	Sex _____	Eye Color _____	Hair Color _____			

1. Where were you born? _____ Are you a citizen of the United States Yes () No (). If no, have you declared your intention to become a naturalized citizen? Yes () No ()
2. How long have you been a resident of Maryland? _____ Anne Arundel County? _____ City of Annapolis? _____
3. Are you familiar with the geographical boundary and streets of the City of Annapolis? Yes () No ()
4. How long have you been a licensed driver? _____ State and Year of original license _____
5. Have you ever filed an application for a taxicab owner or driver? Yes () No () If yes, state when and where _____
6. Do you have, or have you had, any physical or mental illness, defect or infirmity, or have you ever received treatment for same which would in any way interfere with your operation and control of a motor vehicle? Yes () No () If yes, explain (continue on reverse)

7. Have you ever been arrested or convicted for any of the following:
- | | | | |
|--|----------------|---|----------------|
| a. Alcohol or drug related offenses | Yes () No () | b. Traffic violations other than parking | Yes () No () |
| c. Violation of any law other than traffic | Yes () No () | d. Any offense resulting in loss of license | Yes () No () |
- If you answered Yes to any of the above, explain (continue on reverse)

I hereby authorize the City of Annapolis to perform an investigation of my criminal, driving, medical, and if appropriate immigration, educational and employment backgrounds whether or not they are a private, confidential or privileged nature. This investigation may involve a review of my records on file with any appropriate Federal, State, City or local governmental agency or any employment educational or medical institution. A photocopy of this form will be valid as an original writing of my signature. I hereby certify to the truth of the statements made in this application and agree to comply with all City, County, State and Federal ordinances, laws and/or statutes, including rules of the company or association employing me and the regulations of Chapter 7.18 of the City Code of Annapolis, Maryland 1986 edition, as amended.

Date

Signature of Applicant

Affidavit

State _____ County _____

Sworn before me, a Notary Public of the State and County, aforesaid, this _____ Day of _____, 19____

My Commission Expires: _____ Notary Public

OFFICE USE ONLY

Physical Required? Yes () No () **Physical Received?** Pass () Fail () **Next Physical Required** _____

DECISION OF THE DIRECTOR:

APPROVED () DISAPPROVED ()

Director of Transportation